

CLAIMS ONLY

Application Number

101510965

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19	/	/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33	/	/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47	/	/				
48		/				
49		/				
50		/				
Total Indep	4					
Total Depend	46					
Total Claims	50					
40						
90						

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51	/					
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61	/	/				
62		/				
63		/				
64	/	/				
65		/				
66		/				
67		/				
68		/				
69		/				
70		/				
71	/	/				
72		/				
73		/				
74		/				
75		/				
76		/				
77		/ 24				
78	/	/				
79		/				
80		/				
81		/				
82	/	/				
83		/				
84		/				
85		/				
86		/				
87		/				
88		/				
89	/	/				
90		/				
91	((
92	((
93	((
94	((
95	((
96	((
97						
98						
99						
100						
Total Indep	16					
Total Depend	34					
Total Claims	40					